



AUTOMATIC CARD BILLING AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic billing to your Credit or Debit card, simply fill out the information below. Upon approval, we will then automatically bill your card for amounts due. Your total charges will appear on your monthly statement. You can cancel this automatic billing authorization at anytime by contacting our office.

_____(_____)_____
Name on Invoice from Granger Landscapes **Home Phone Number**

Card Account Information

Name on Card (Exactly as printed) Visa _____ Mastercard _____ Amex _____

Billing Address for Card (Street, Apt#) City, State, Zip

Card Number Expiration date

Signature Today's Date

I authorize Granger Landscapes, Inc. to automatically bill my credit card listed above as specified below:

If your bill is the same amount each month, check here and fill in transaction amount:

___ Bill my regular monthly charge of \$ _____ to my credit card.

If your bill varies each month, check here:

___ Bill all monthly charges to my credit card. Since my payment varies each month, I will receive written notification of the amount and date of the charge prior to each scheduled transaction date.

Please tell us how long you want us to automatically bill your credit card:

___ This authorization is valid for the duration of my contract

___ This authorization is valid until I provide you with written cancellation.